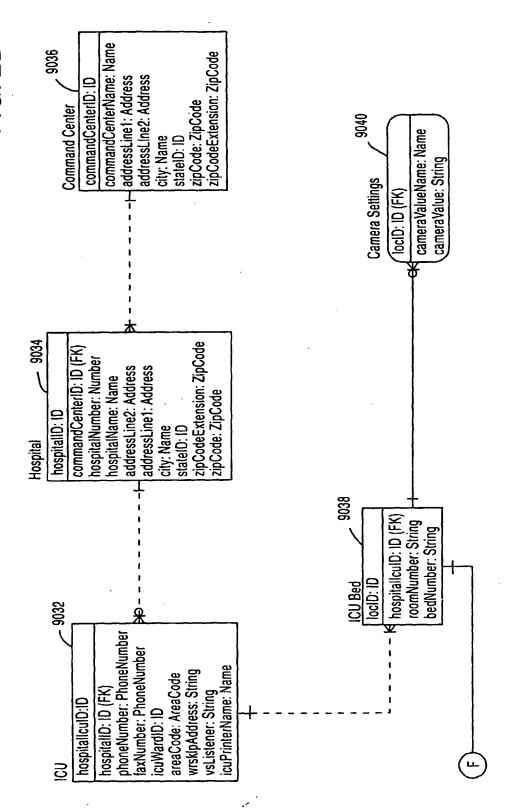




FIG. 2B

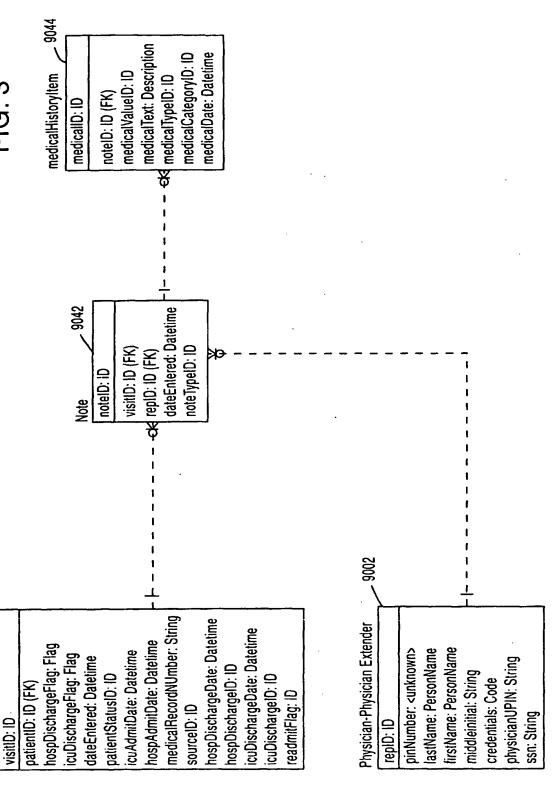




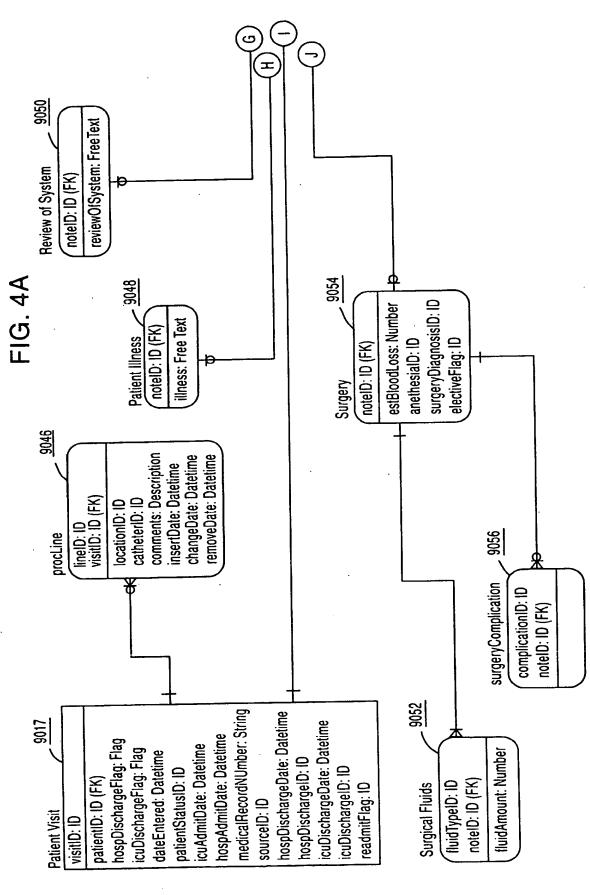


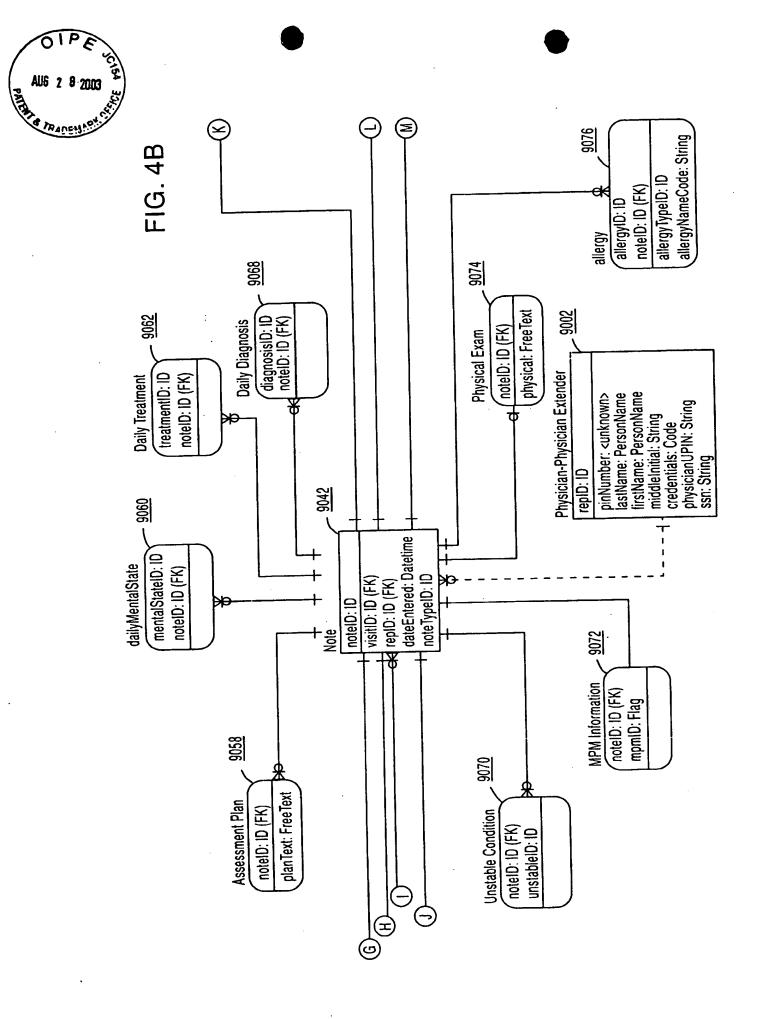
9017

Patient Visit

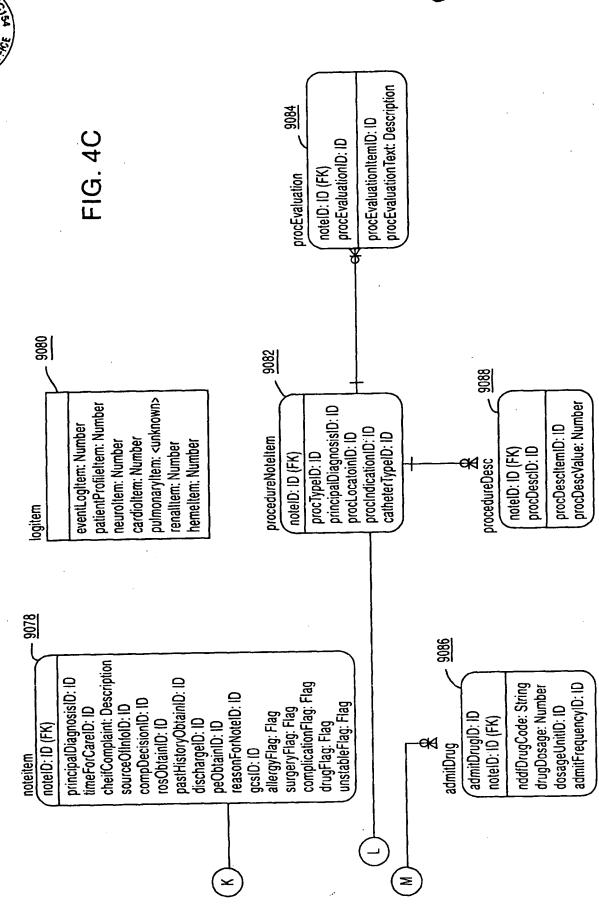




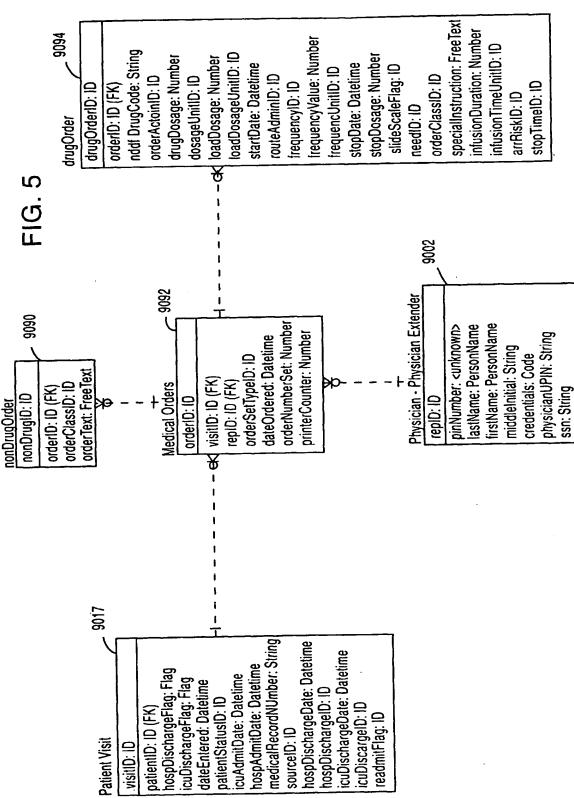


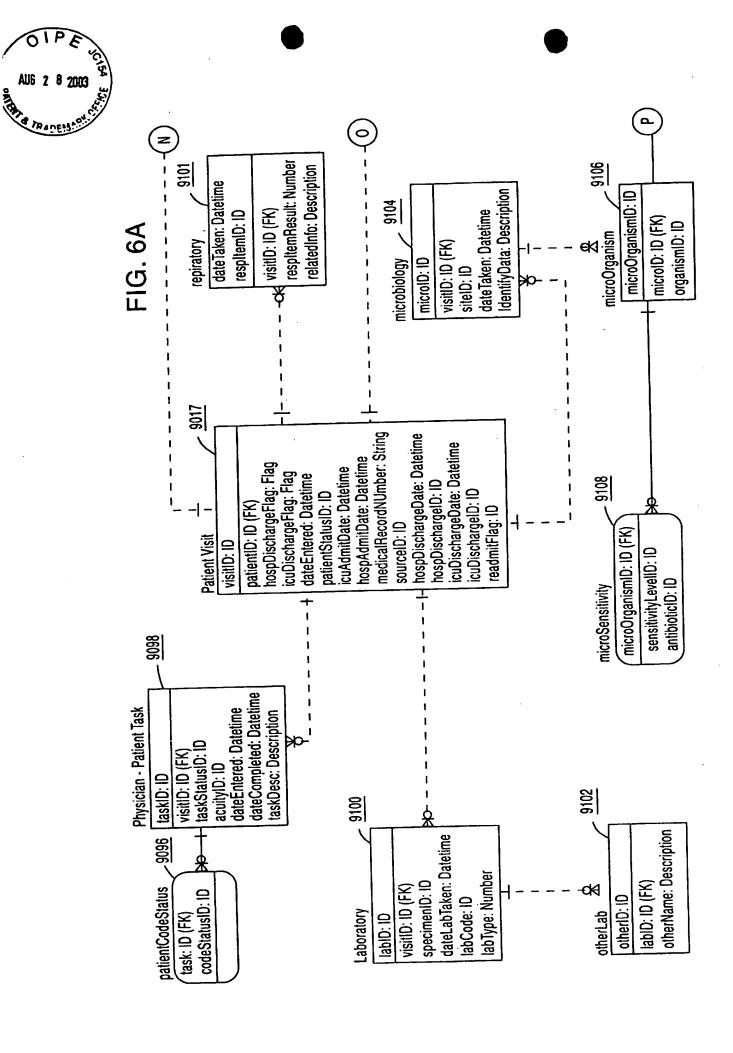














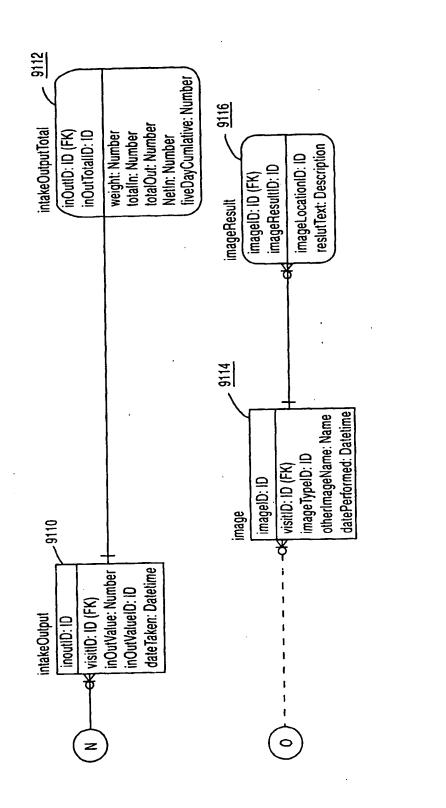
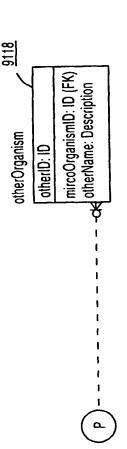
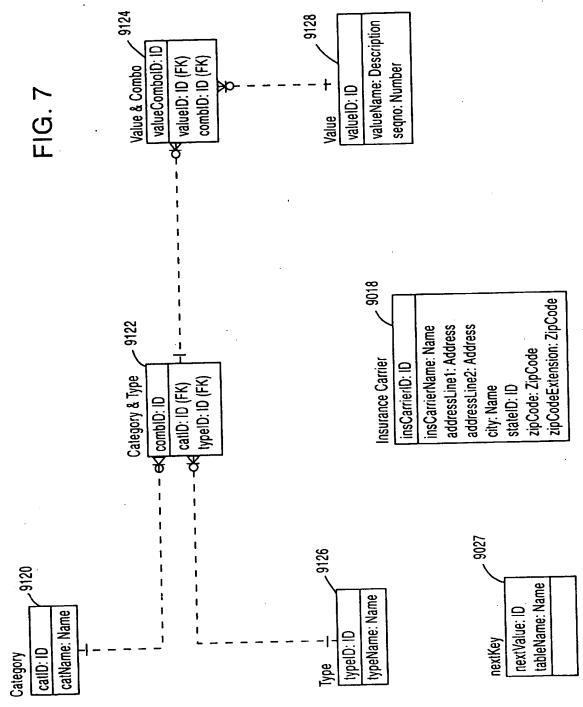


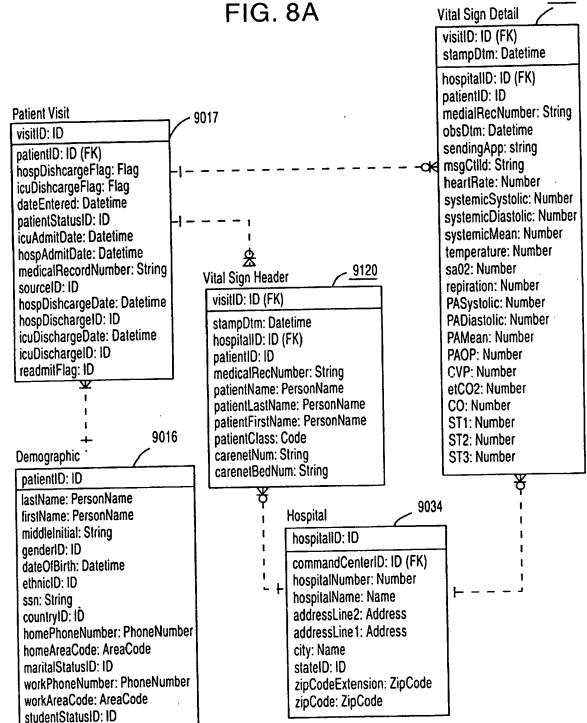
FIG. 6B











·				AUG 2 8 2003 WARRENT OF TRAPERTY OF TRAPER
Vital Sign Log Detail hospitallD: ID (FK)	9124	Vital Sign Log Header 9120 hospitalID: ID medicalRecNumber: String	FIG. 8B	Vital Sign Error Header 9130 hospitalID: ID medicalRecNumber: String
stampOtm: Datetime obsDtm: Datetime sendingApp: String msoCtlld: String)	 stampDtm: Datelime patientName: PersonName patientLastName: PersonName patientFirstName: PersonName 	Vital Sign Error Detail hospitalID: ID (FK)	stampDtm: Datetime patientName: PersonName patientLastName: String patientFirstName: String
heartRate: Number systemicSystolic: Number SystemicDiastolic: Number		patientClass: Code carenetNum: String carenetBedNum: string	stampDtm: Datetime code: String (FK)	patientClass: Code carenetNum: String carenetBedNum: String
SystemicMean: Number temperature: Number sa02: Number sa02: Number	· · &		obsDum. Datenine sendingApp: String msgCilld: String heartRate: Number	- p
PASystolic: Number PADiastolic: Number PAMean: Number			systemicSystolic: Number systemicDiastolic: Number systemicMean: Number	1 1 0 0 0 0 0 0 0 0
PAOP: Number CVP: Number etCO2: Number			temperature: Number saO2: Number respiration: Number	
CO: Number ST1: Number ST2: Number			PASystolic: Number PADiastolic: Number PAMean: Number	
ST3: Number carenetPatientLocation	ر 1913ء 1914ء	ICU Bed 9038	PAOP: Number CVP: Number etCO2: Number	-
hospitallD: ID carenetNum: String		locID: ID hospitalicuID: ID (FK)	CO: Number ST1: Number	Vital Sign ErrorCode String
carenetBedNum: String – locID: ID (FK)	1 1	I – roomNumber: String bedNumber: String	ST3: Number	description: String



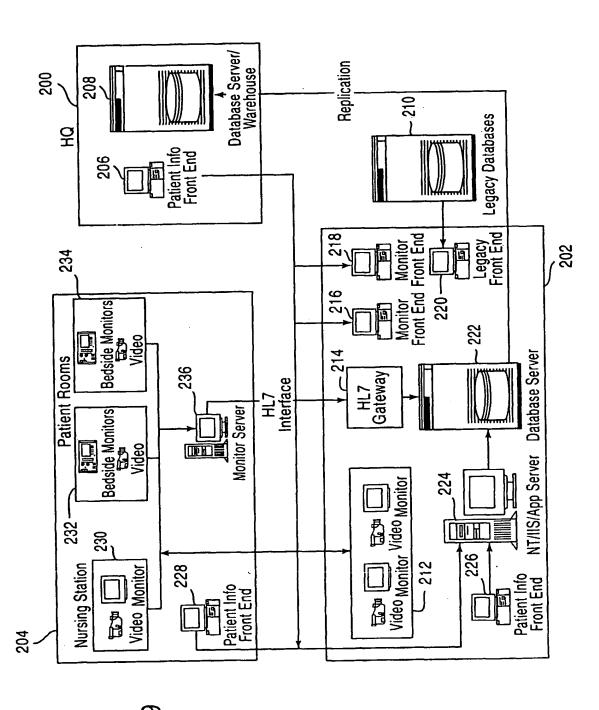
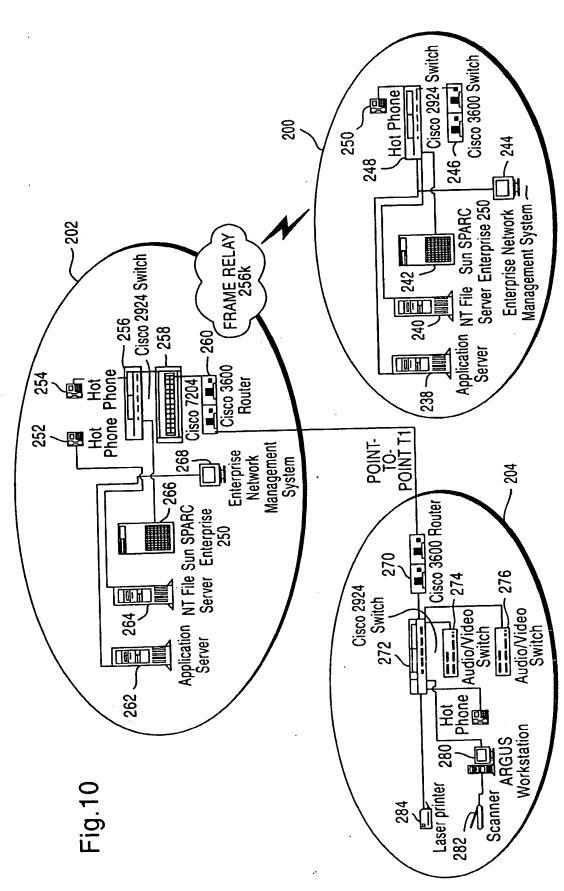
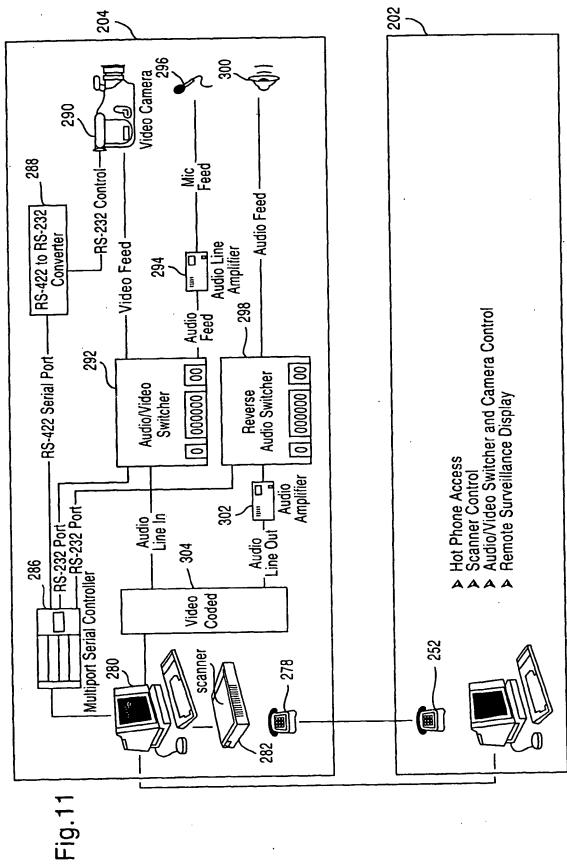


Fig.9

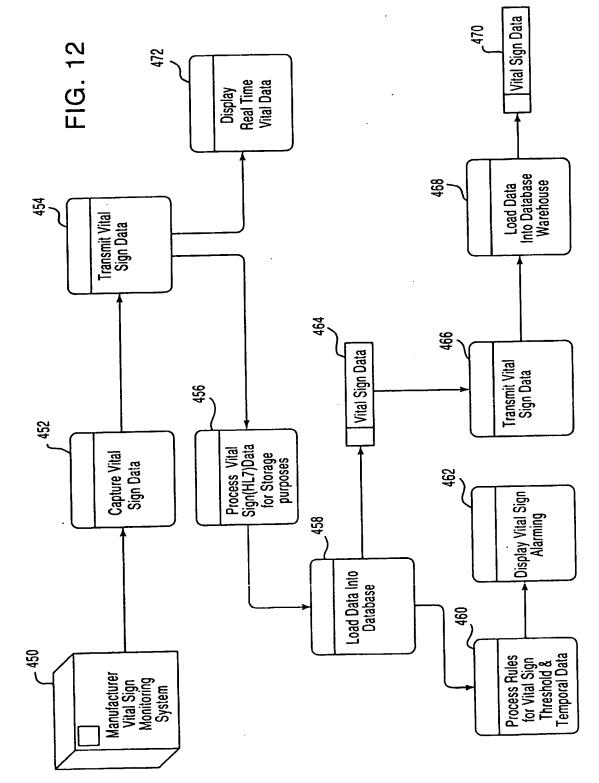




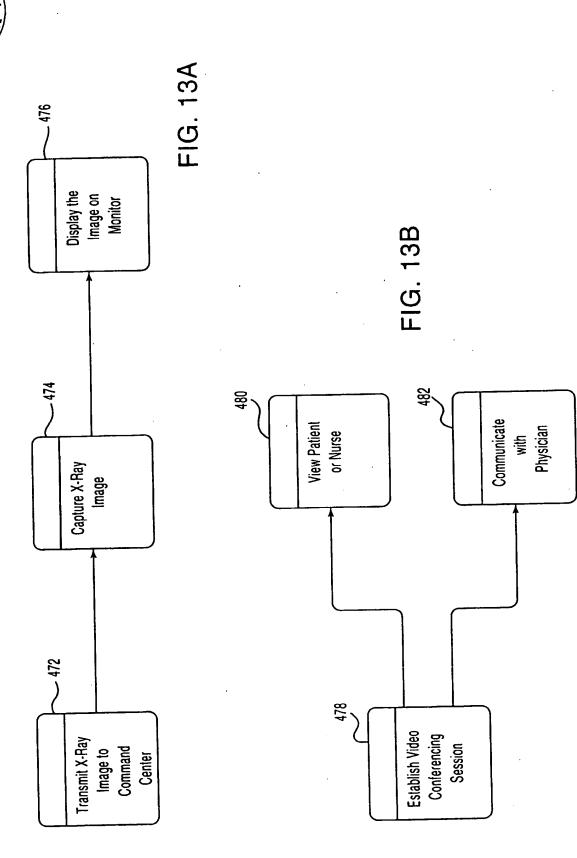




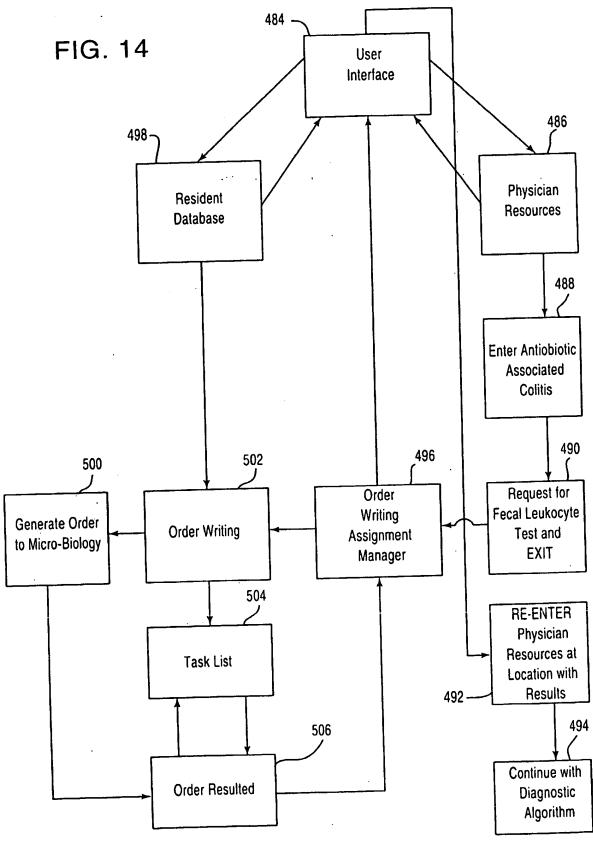


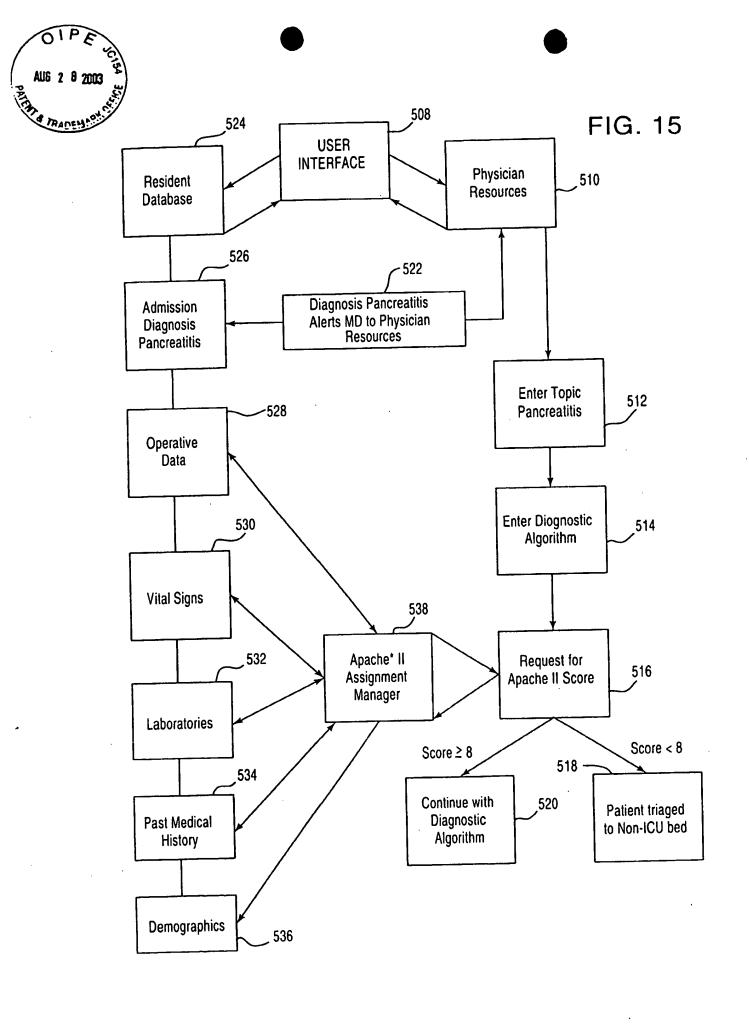




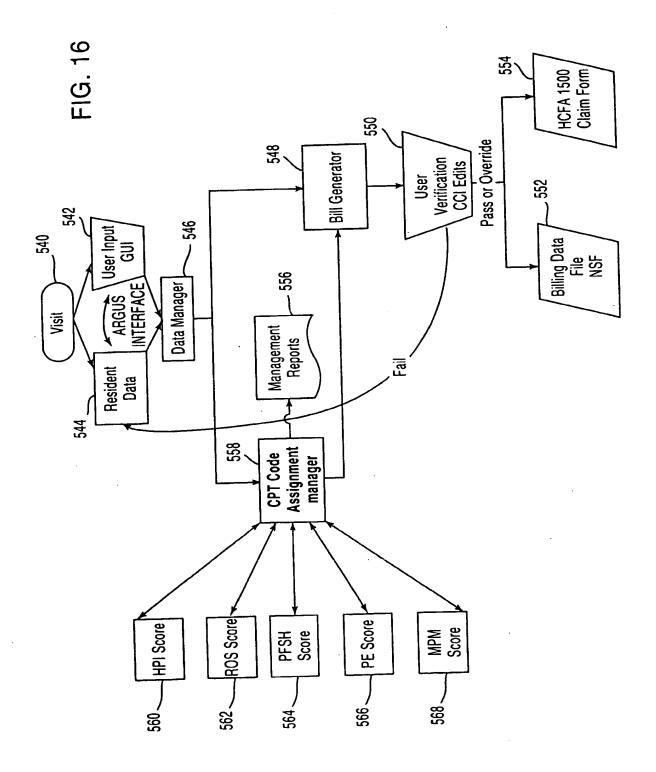




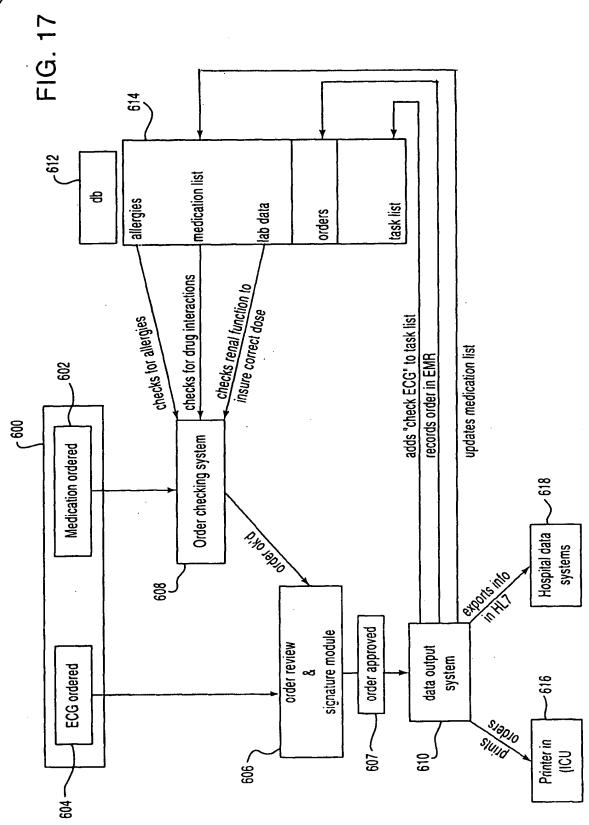














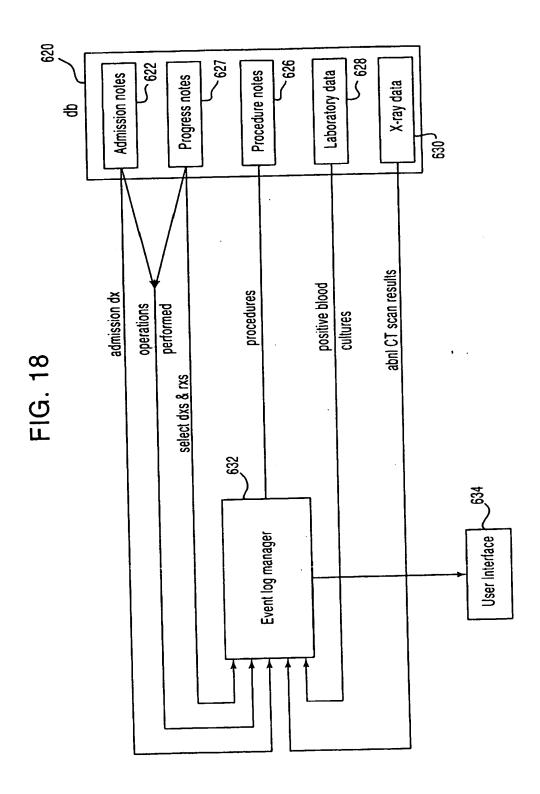
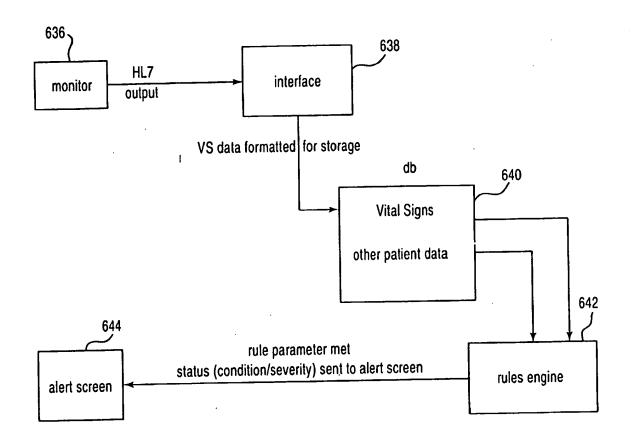
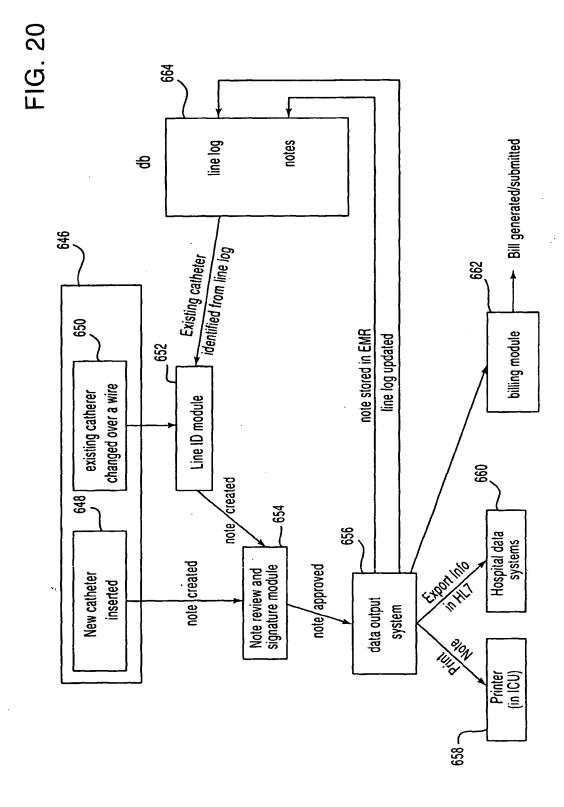


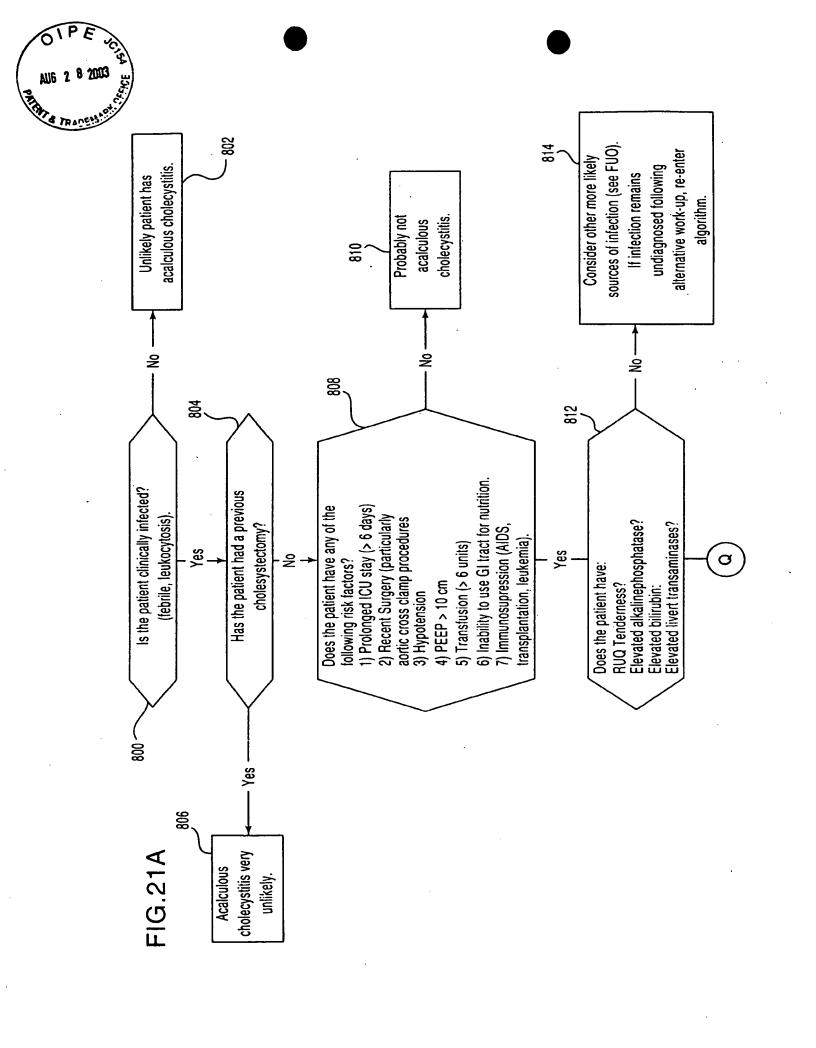


FIG. 19









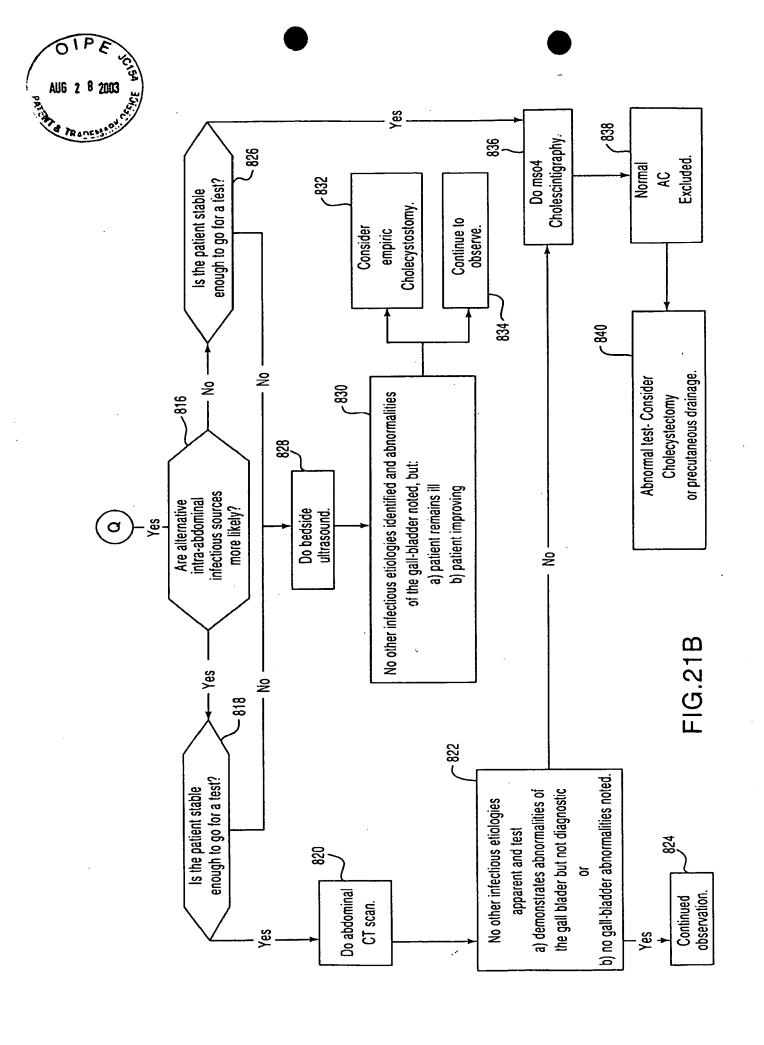
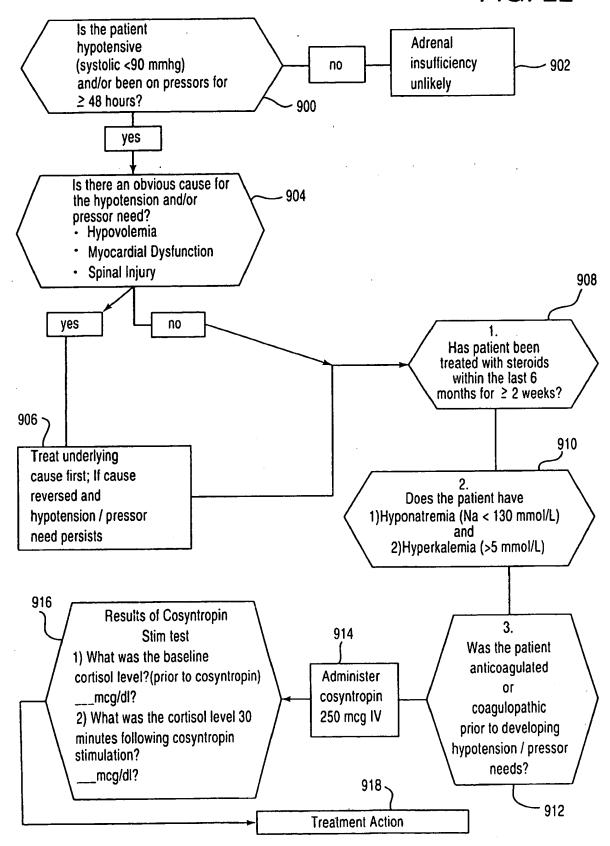
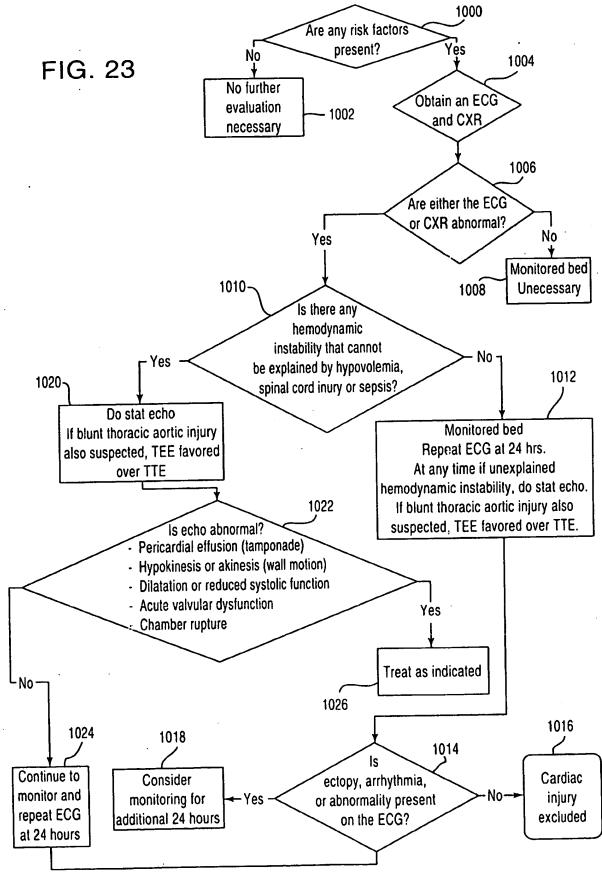




FIG. 22









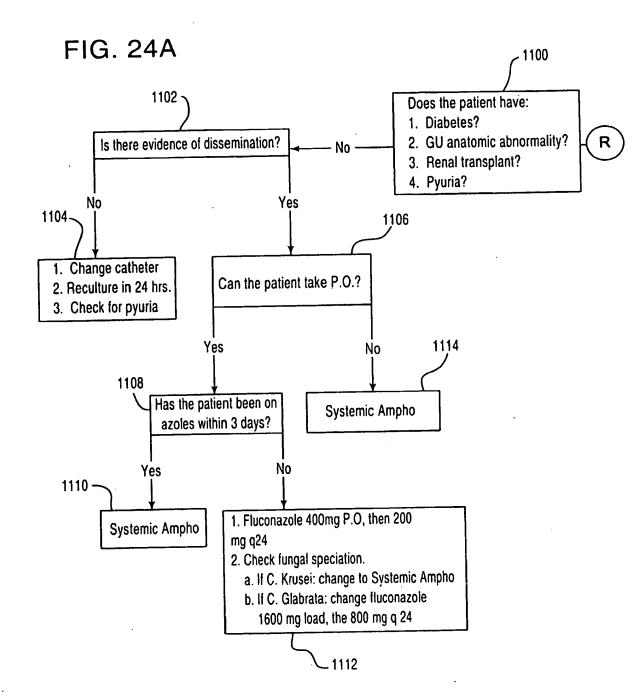
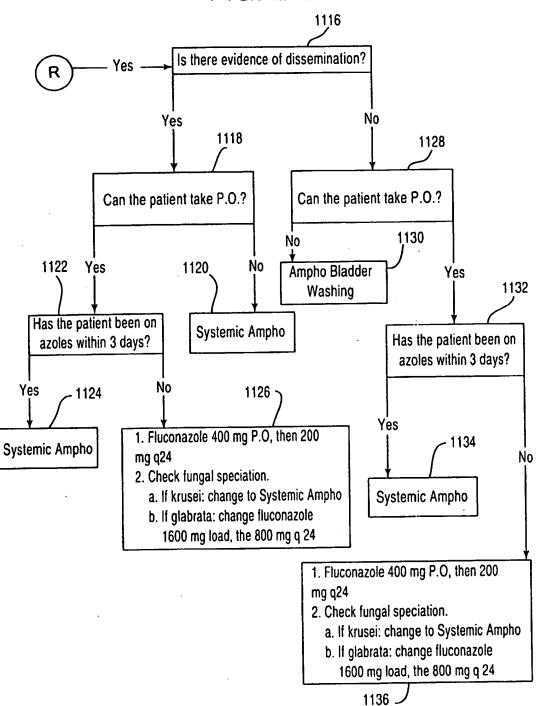
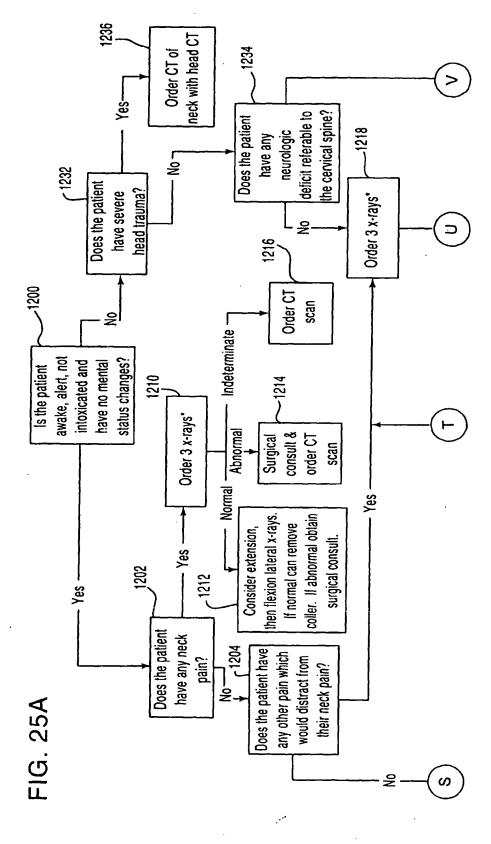




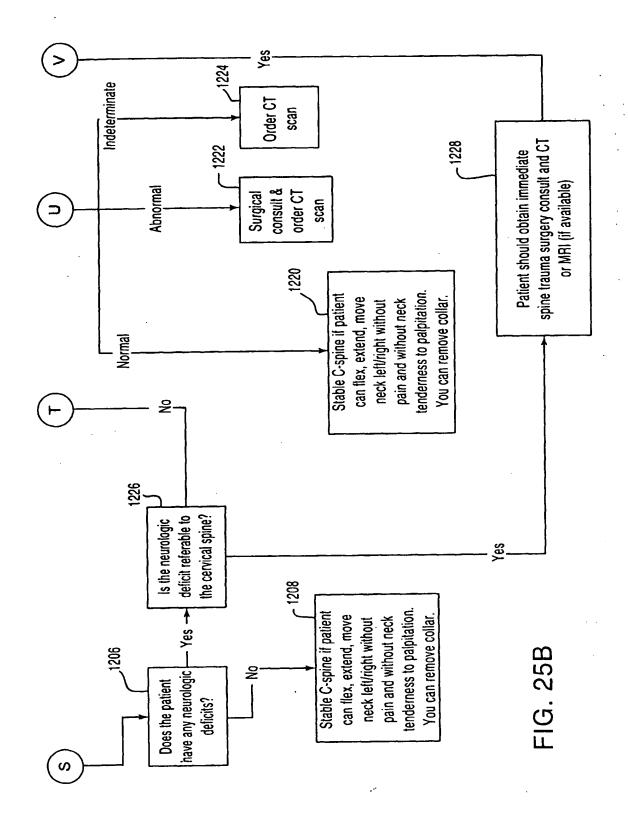
FIG. 24B



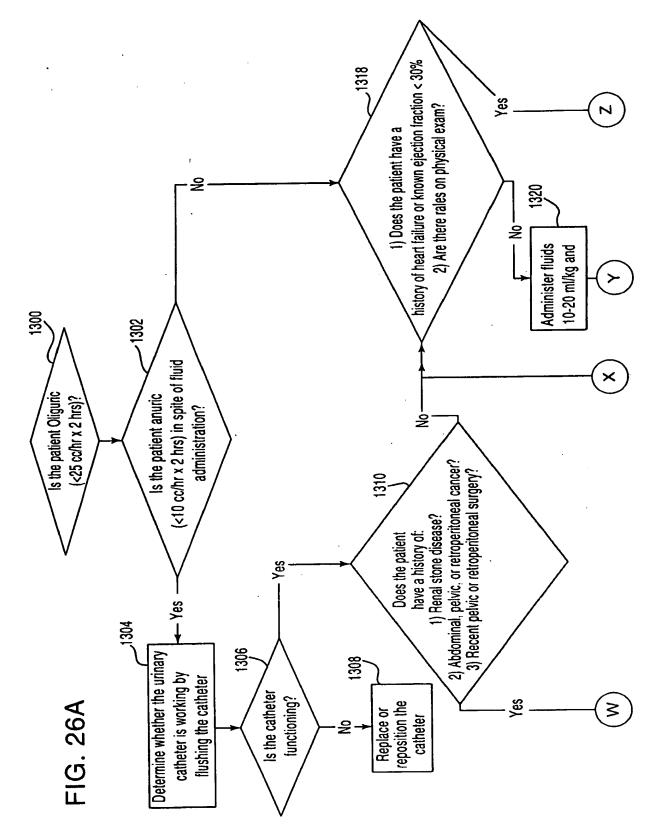














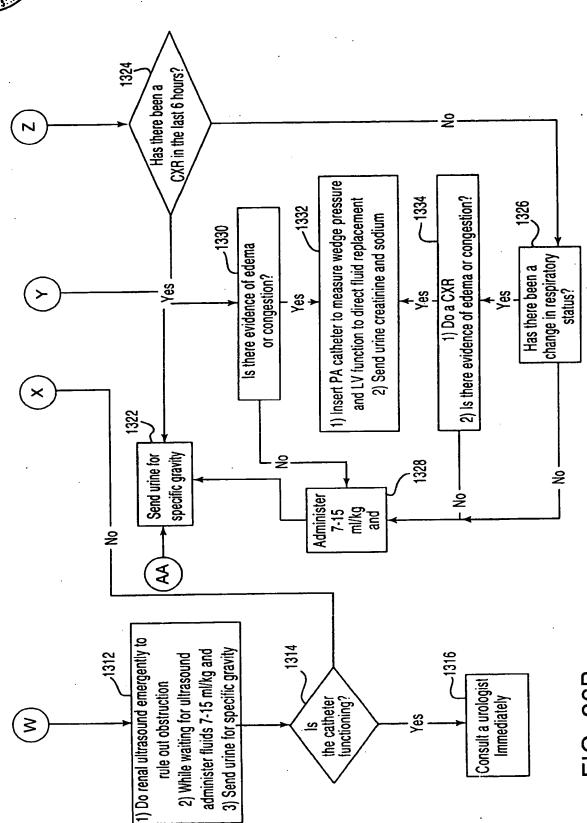
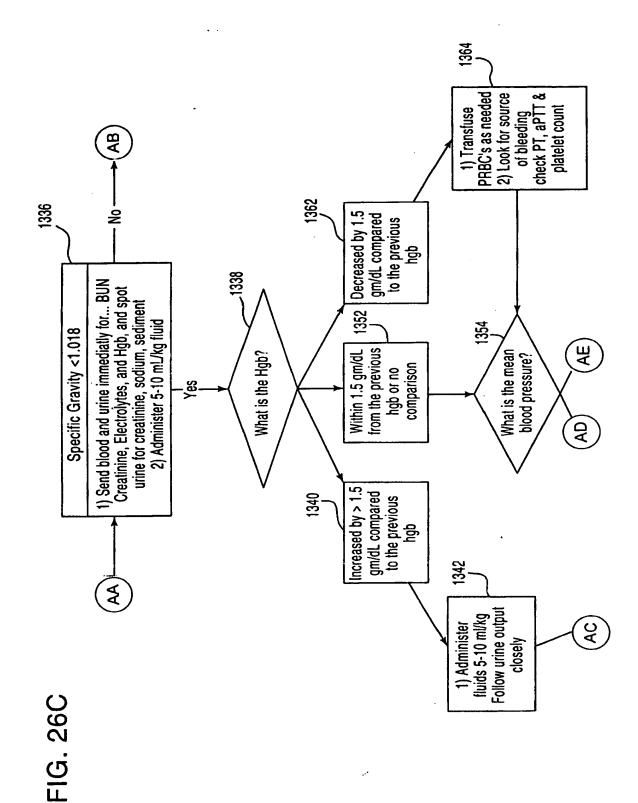
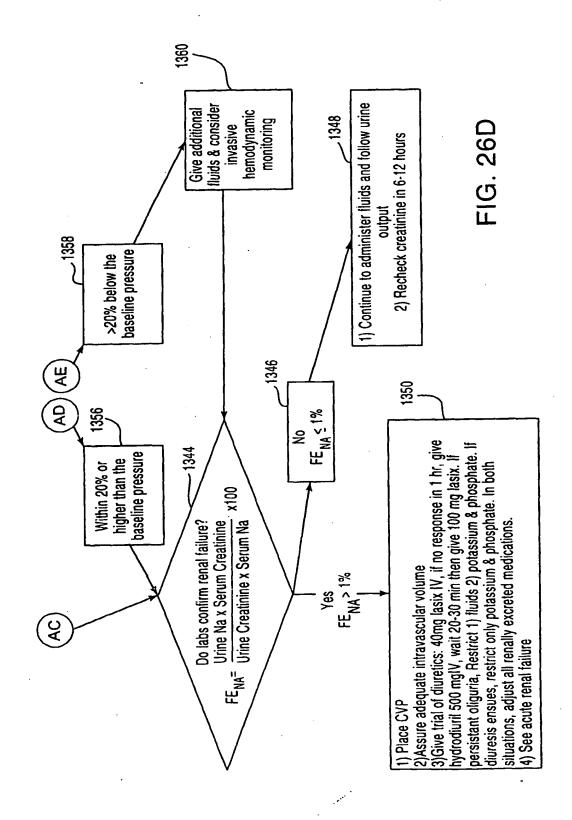


FIG. 26B

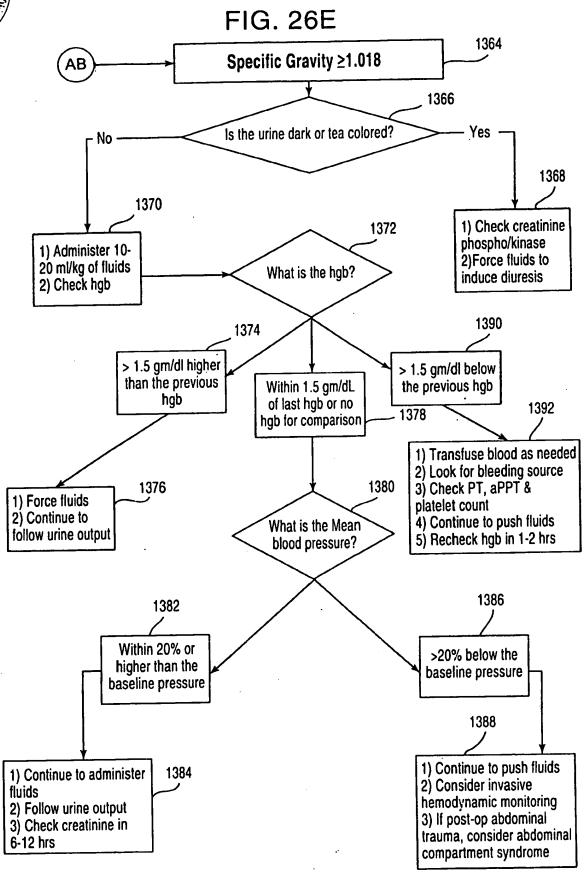




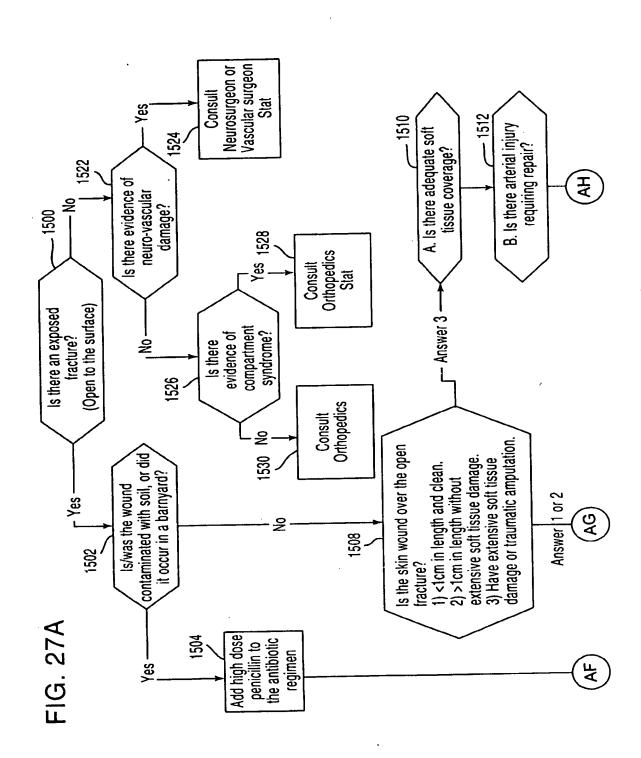




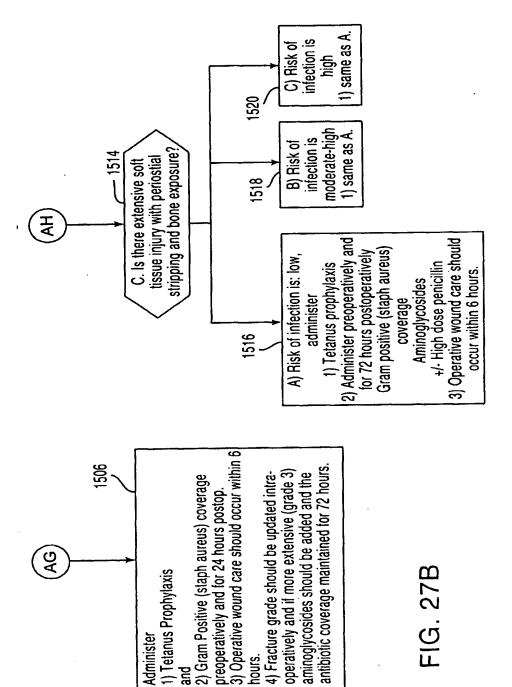












preoperatively and for 24 hours postop.

1) Tetanus Prophylaxis

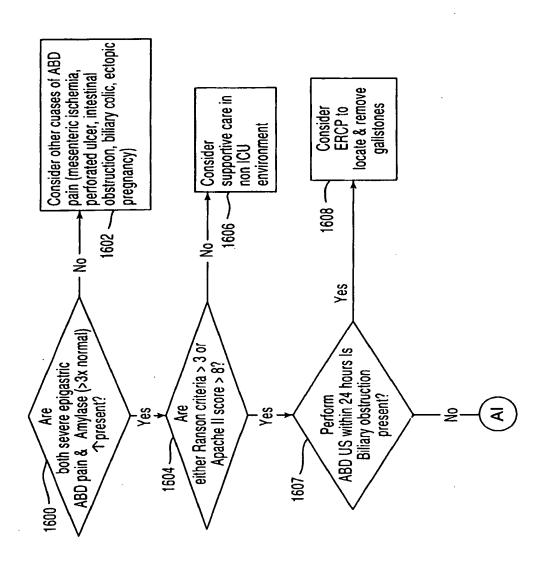
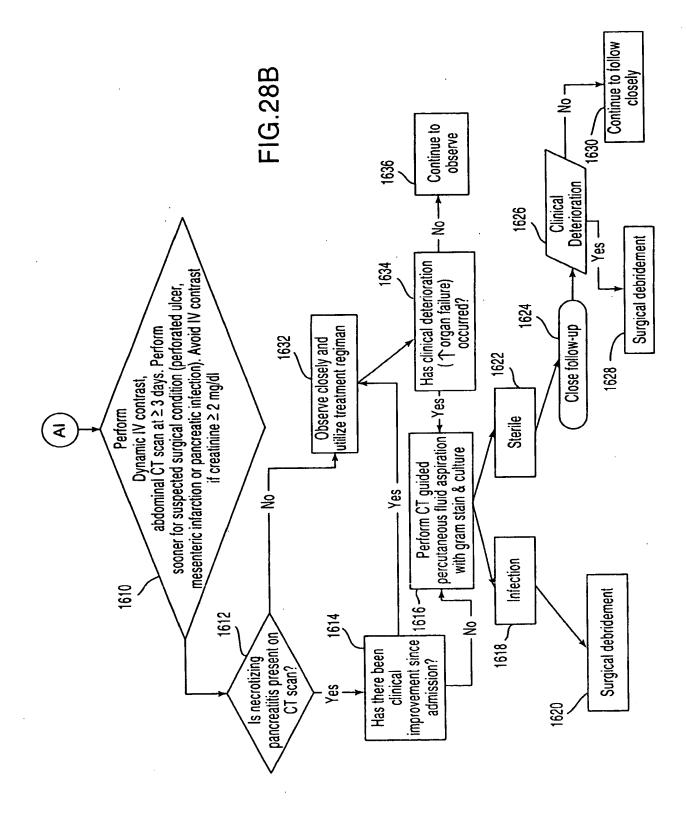


FIG. 28A







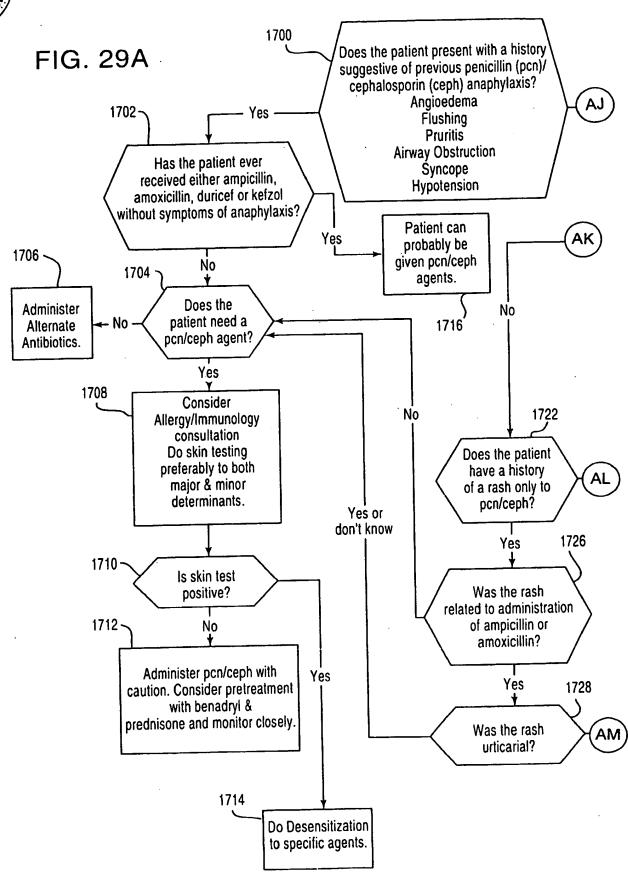
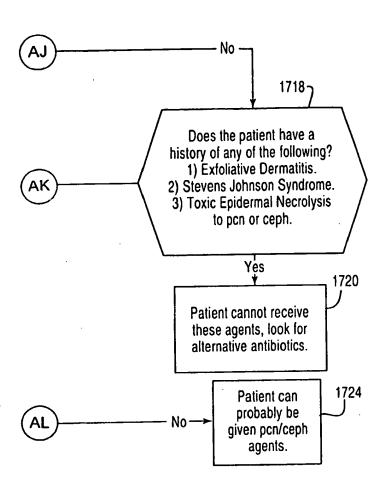




FIG.29B



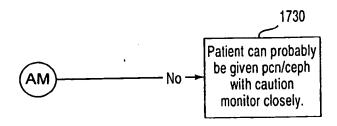
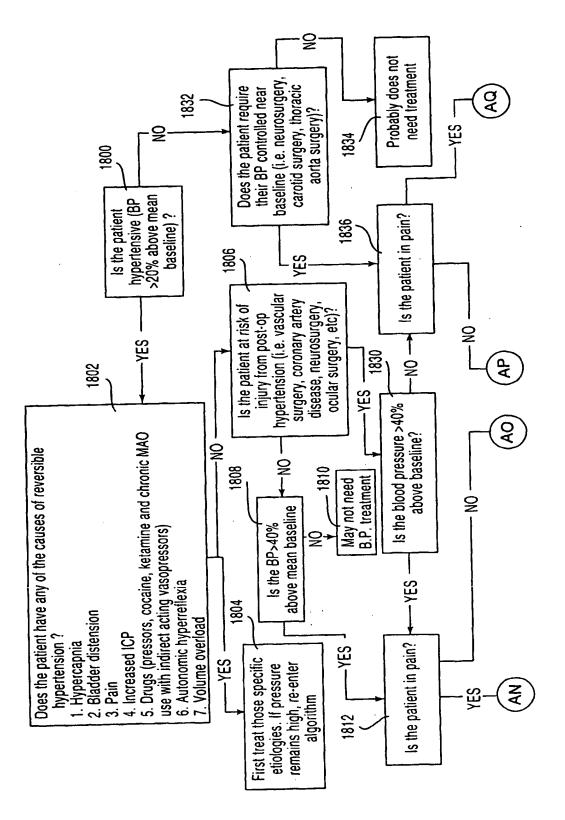




FIG. 30A





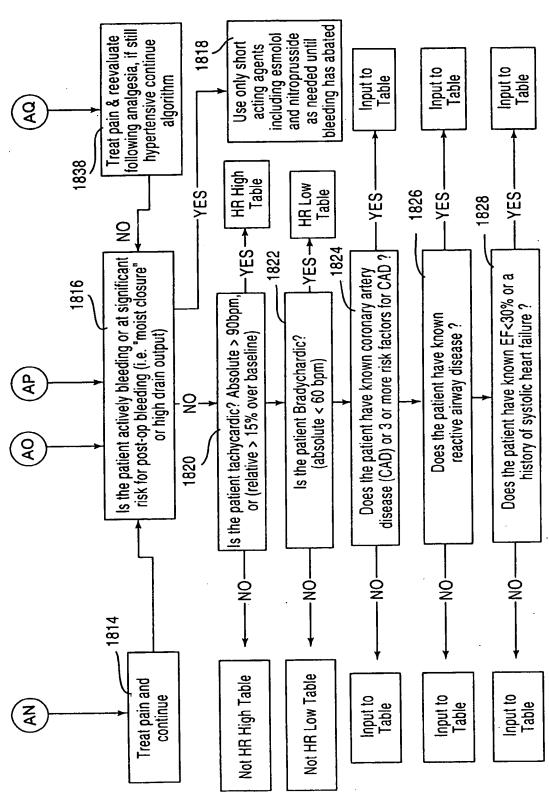


FIG.30B



FIG. 31A

2902

Perform VQ Scan and continue

NO NO scan and continue

NO NO mmHg, in spite of fluid and/or pressor administration)?

YES

Consider immediate:

- 1. Trans-thoracic echocardiogram to look for right ventricular changes
- 2. Pulmonary Angiogram
- 3. Treatment [link to pulmonary embolism, treatment massive pulmonary embolus]

- 2) Does the patient have? (answer yes to all that apply)
- ·Dyspnea
- Worsening chronic dyspnea
- ·Pleuritic chest pain
- ·Chest pain that is non-retro sternal & non-pleuritic
- O2 saturation < 92% on room air that corrects with 40% O2 supplementation
- ·Hemoptysis
- ·Pleural rub

2908 \ \ \int 3) Are any of the following risk factors present: Yes/No?

- 1. Surgery within 12 weeks
- 2. Immobilization (complete bed rest) for >3 days within 4 weeks
- 3. Previous DVT or objectively diagnosed PE?
- 4. Lower extremity fracture & immobilization within 12 weeks
- 5. Strong family history of DVT or PE(>2 family members with objective proven events or 1st degree relative with hereditary thrombophilia)
- 6. Cancer (treatment within the last 6 months or palliative stages)
- 7. Postpartum
- 8. Lower extremity paralysis

5) Is an alternative diagnosis as or more likely than PE? Yes/No

2912

Conditions that simulate major PE:

- 1. Myocardial Infraction
- 2. Acute infection with COPD
- 3. Septic Shock
- 4. Dissecting Aortic Aneurysm
- 5. Occult Hemorrhage

Conditions that simulate minor PE:

- 1. Acute Bronchitis
- 2. Pericarditis
- 3. Viral Pleurisy
- 4. Pneumonia
- 5. Esophageal spasm

2910

4) Does the patient have>: (answer yes to all that apply)

A.one or more of:

·Heart rate > 90 beats/min

·Temp > 38.0

-CXR free of abnormalities (edema. pneumonia, pneumothorax)

Leg symptoms c/w DVT

B.one or more of:

·Syncope

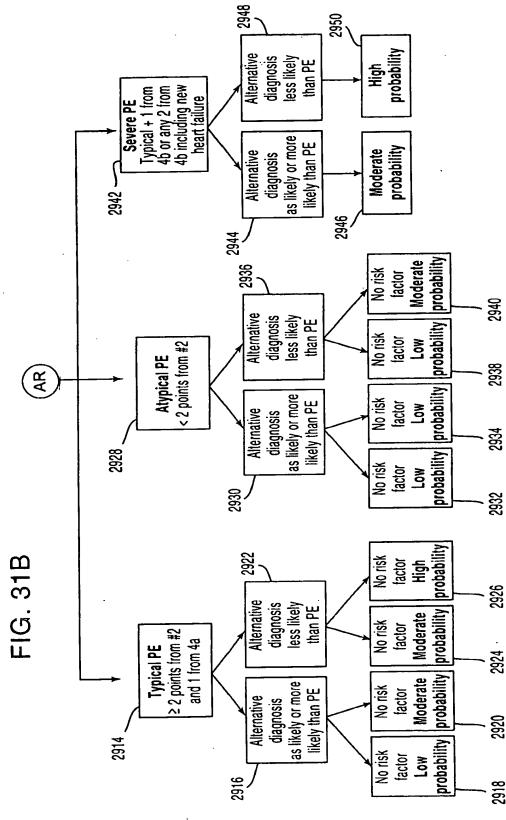
Blood pressure < 90 mmHg with heart rate > 100 beats/min

 Receiving mechanical ventilation and/ or O2 supplementation > 40%

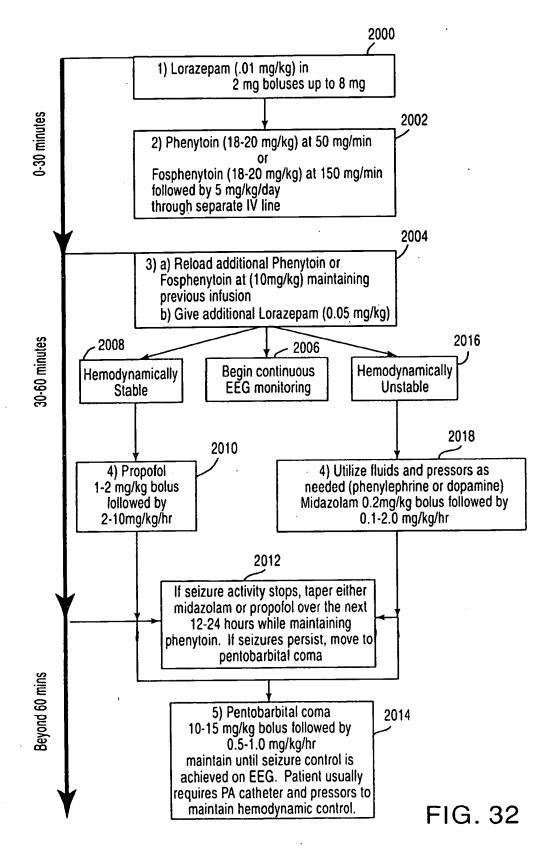
New onset right heart failure (-JVP, new S1, Q3, T3, or RBBB)

AR

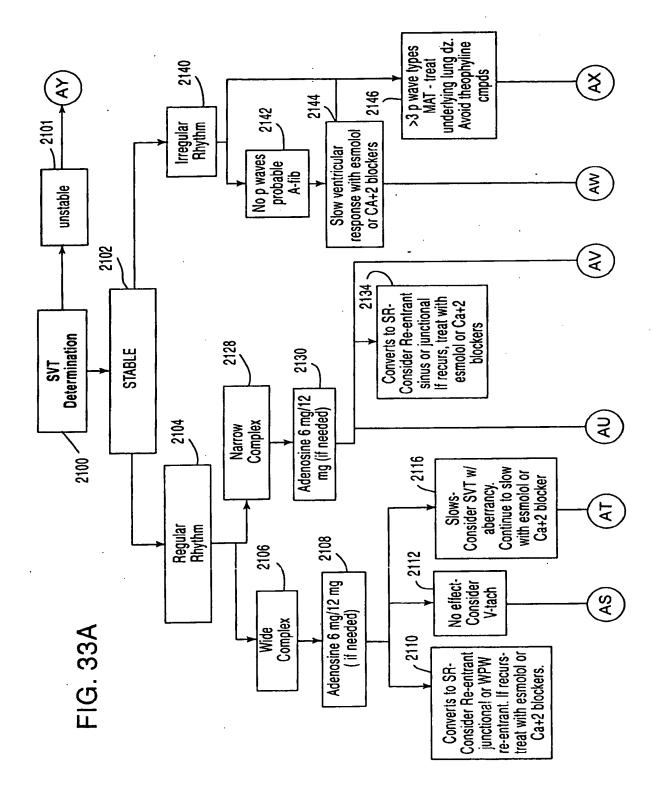














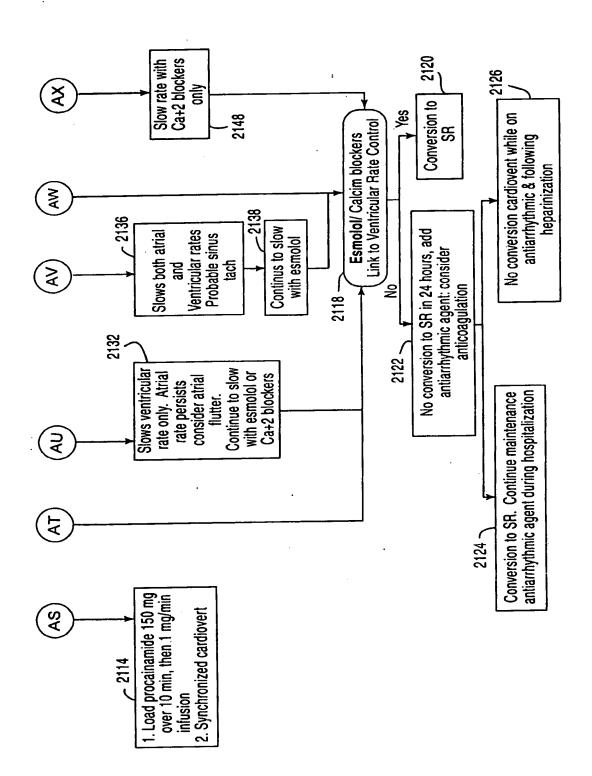
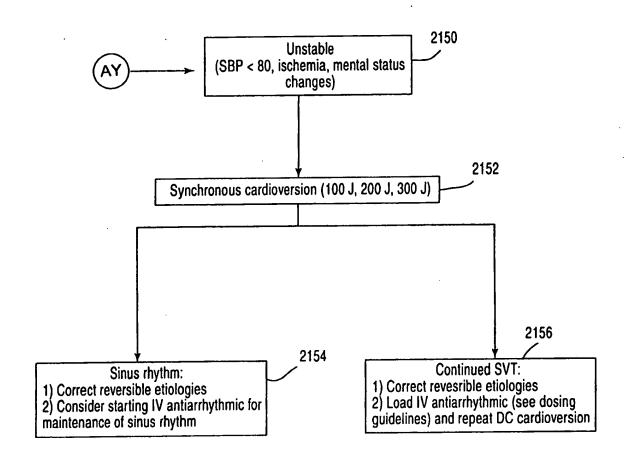


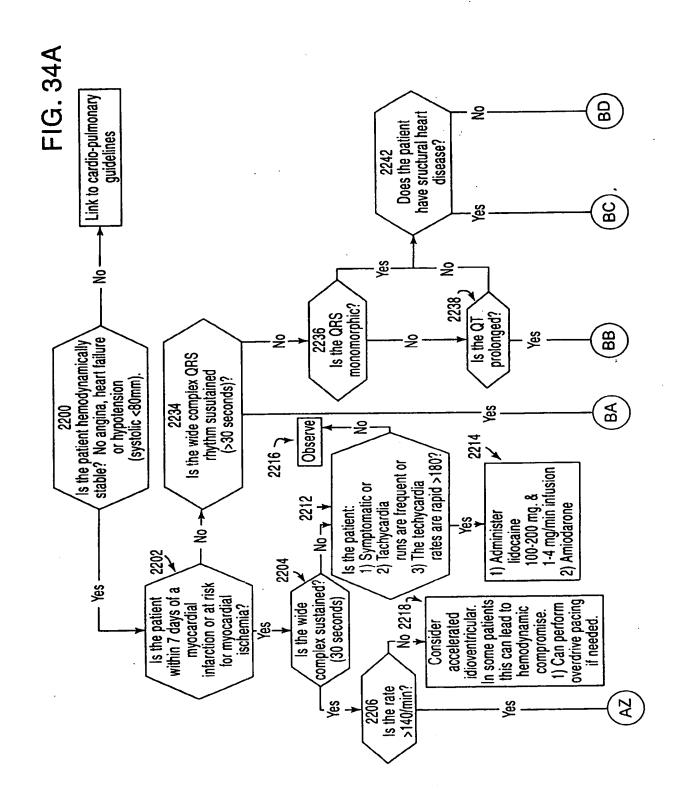
FIG. 33B



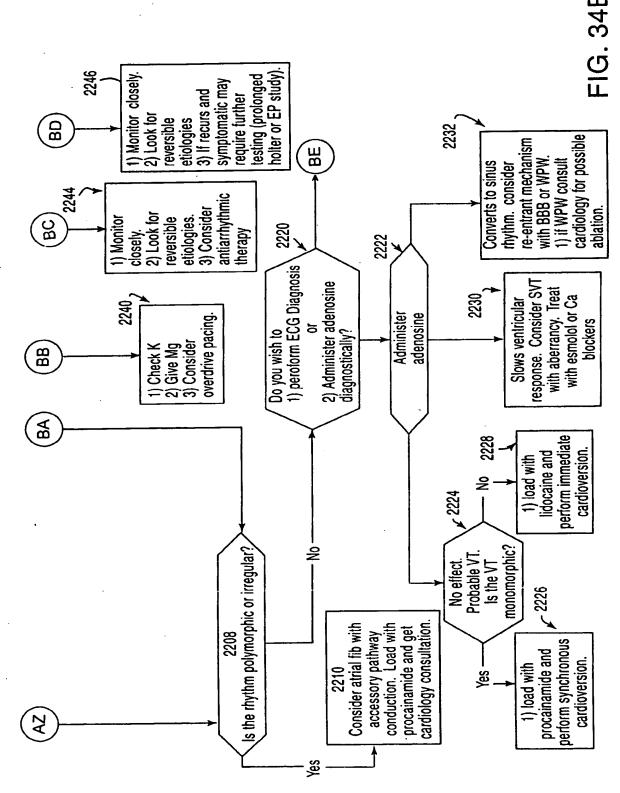
FIG. 33C



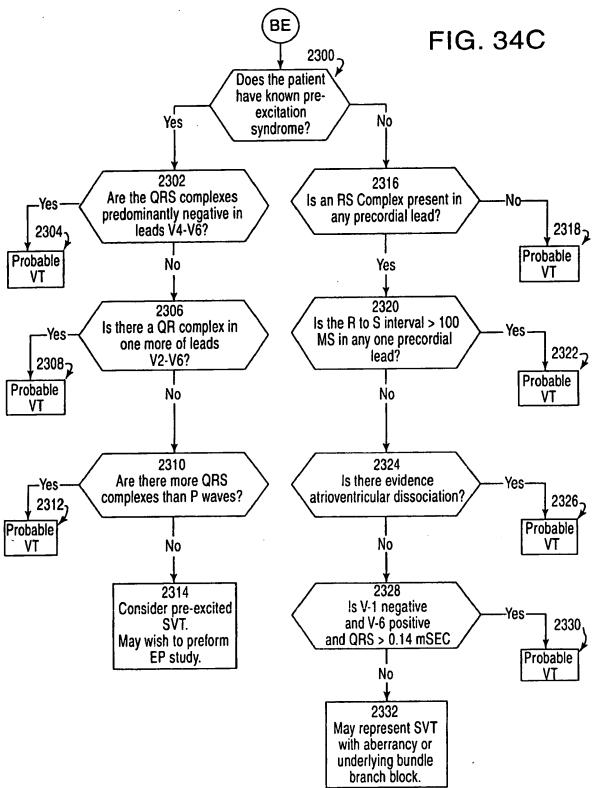




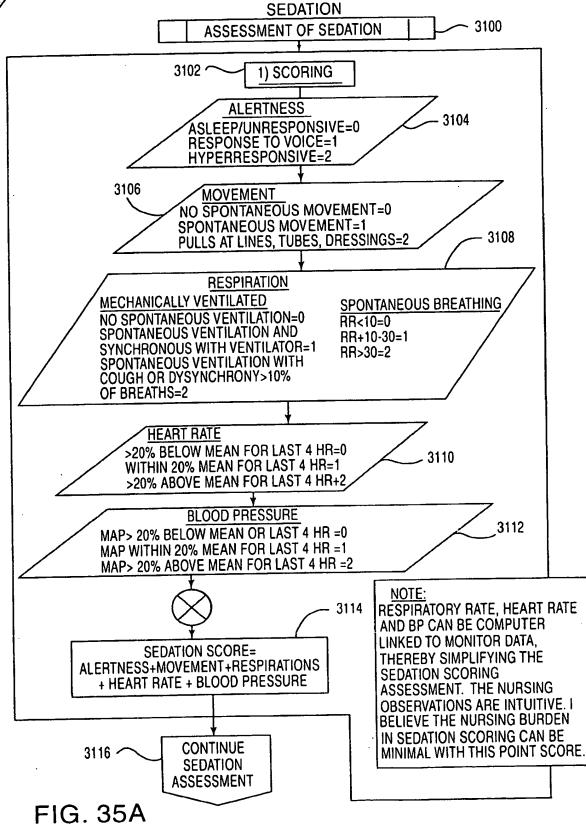














SEDATION ASSESSMENT CONTINUED

3118

2. PAIN ASSESSMENT

IS PATIENT CONSCIOUS, COMMUNICATIVE, AND ACKNOWLEDGING PAIN?

IF NOT, IS THE SEDATION SCORE > 2 AND THE PATIENT: KNOWN TO BE IN PAIN BEFORE BECOMING UNCOMMUNICATIVE OR

S/P RECENT SURGERY

OR

HAVING TISSUE ISCHEMIA OR INFARCT

OR

S/P RECENT FRACTURE

OR

HAS WOUNDS

OR

HAS LARGE TUMOR POSSIBLY IMPINGING ON NERVES?

IF YES TREAT FOR PAIN.

3120

3. DELIRIUM ASSESSMENT

IS SEDATION SCORE > 2 AND PATIENT HAS:
DAY/NIGHT REVERSAL WITH INCREASED AGITATION AT NIGHT
OR

EYES OPEN AND "AWAKE" BUT DISORIENTED

OR

EYES OPEN AND "AWAKE" BUT PULLING AT LINES, TUBES, OR DRESSINGS.

OR

DIFFICULT TO SEDATE PRIOR TO VENTILATOR WEANING

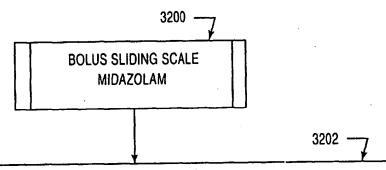
Un

PARADOXICAL RESPONSE TO BENZODIAZEPINES?

IF YES, CONSIDER BUTYROPHENONE.

FIG. 35B





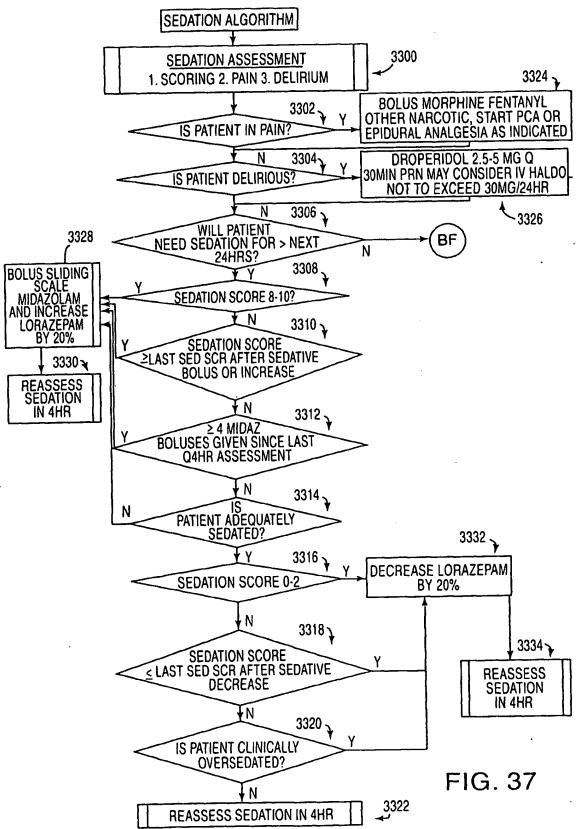
IF LORAZEPAM <0-2 MG IV Q 6HR THEN GIVE MIDAZOLAM 1-2 MG Q 5 MIN UNTIL ADEQUATELY SEDATED.

IF LORAZEPAM =2-4 MG IV Q 4HR THEN GIVE MIDAZOLAM 2 MG Q 5 MIN UNTIL ADEQUATELY SEDATED.

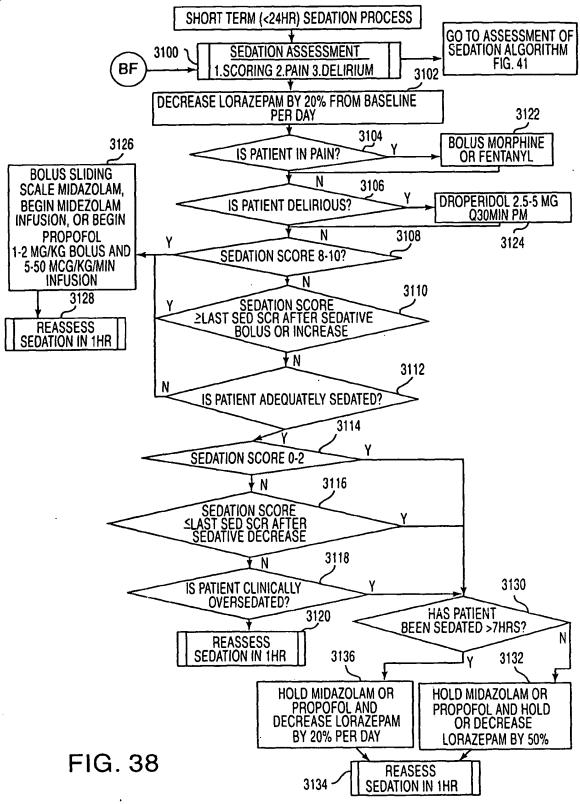
IF LORAZEPAM = 5-10 MG IV Q 4HR THEN GIVE MIDAZOLAM 2-5 MG Q 5 MIN UNTIL ADEQUATELY SEDATED.

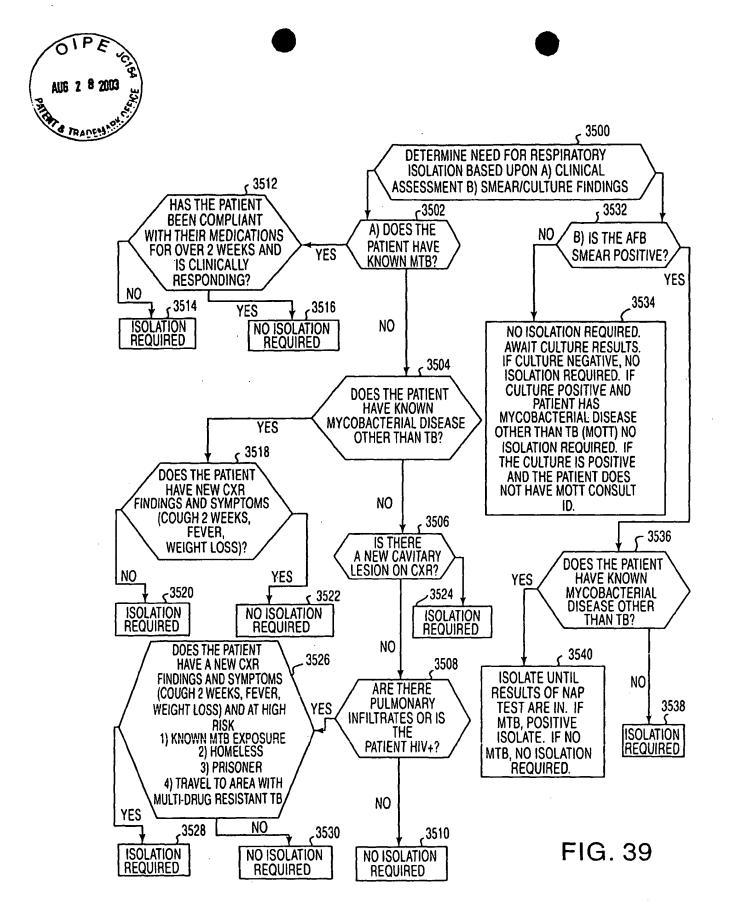
IF LORAZEPAM >10MG IV Q 4HR THEN GIVE MIDAZOLAM 5 MG Q 5 MIN UNTIL ADEQUATELY SEDATED AND CONSIDER FENTANYL AND/OR DROPERIDOL OR HALDOL FOR SYNERGY DESPITE DELIRIUM AND PAIN ASSESSMENT.













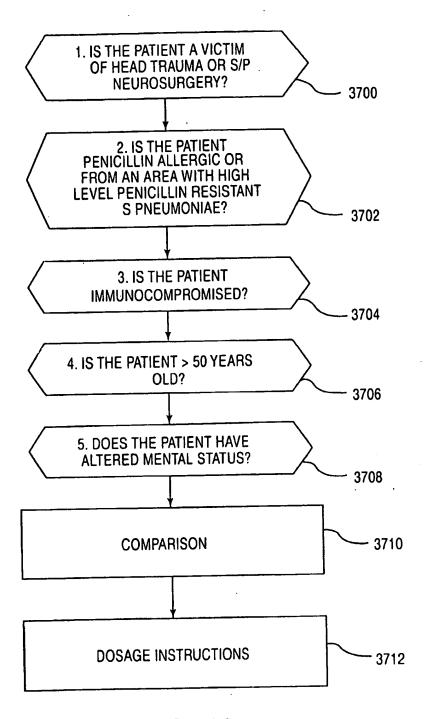
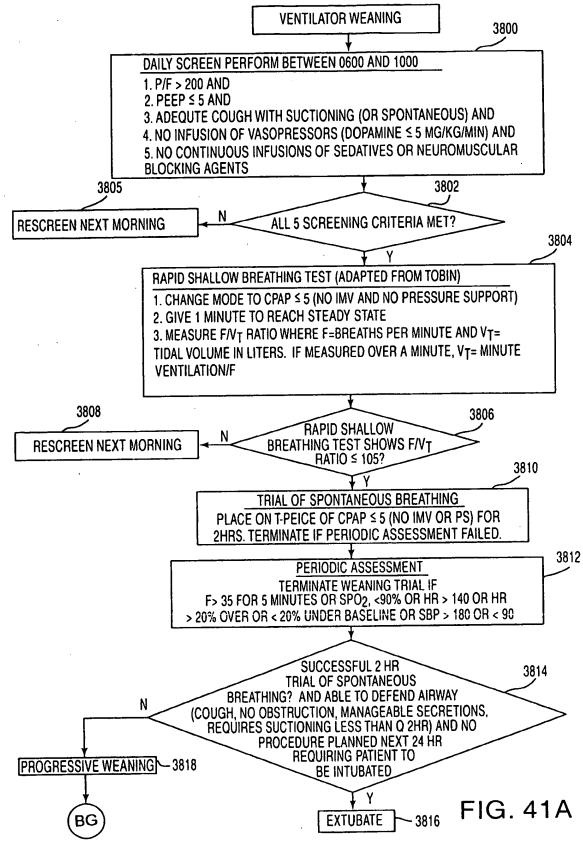


FIG. 40







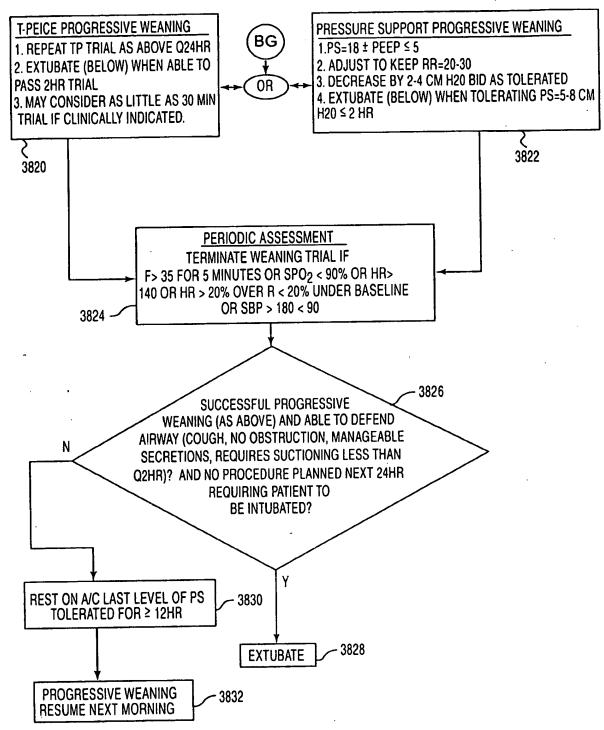


FIG. 41B



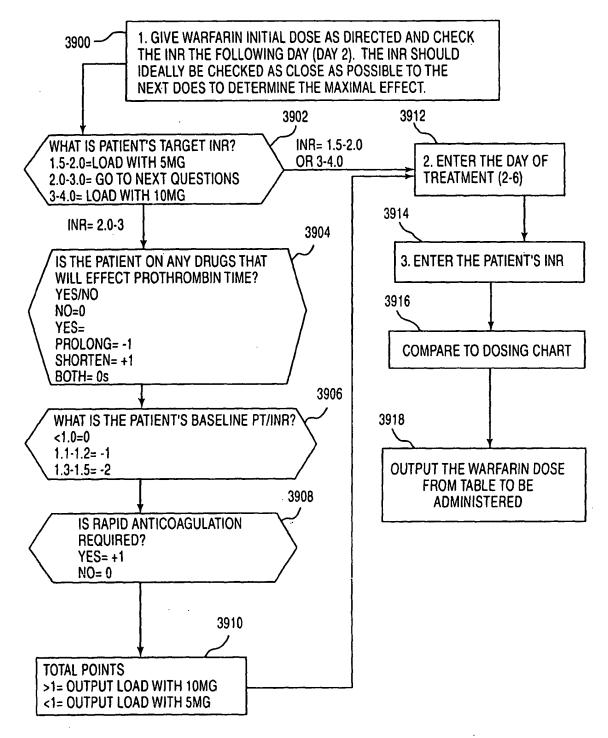


FIG. 42



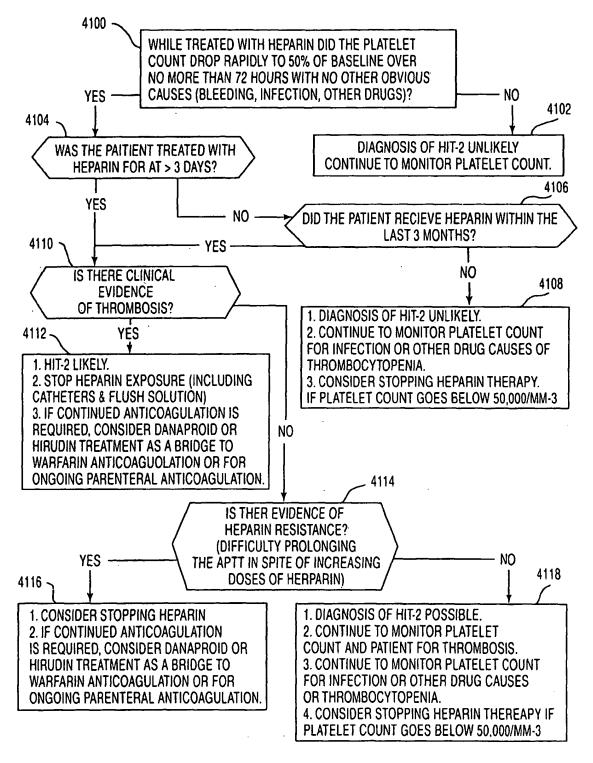


FIG. 43